

Revised 1/2014



KENTUCKY BOARD OF LICENSURE FOR LONG-TERM CARE ADMINISTRATORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601

(502)564-3296 Extension 226~ <http://ltca.ky.gov>

ENDORSEMENT FORM Form KBLTCA-2

Applicant Instructions: Complete the top section and forward a copy to each state in which you hold or have held a license to practice as a Long-Term Care Administrator (or equivalent). Please make copies as necessary.

Social Security Number: - - License Number:

Licensee Name:

Licensee Address: City: State: Zip Code:

Licensee Signature: _____

To Be Completed by Licensure Agency and Sent Directly to the KY Board of Licensure for Long-Term Care Administrators

1. Was your state the original licensure state of the applicant above?

Yes _____ No _____

If No, in which state did the application receive original license?

2. Did the applicant take a written examination for licensure?

Yes _____ No _____

If yes, what examination was administered?

Examination Series Number: _____ Total Raw Score: _____

3. Is the applicant's license current and in good standing? Yes _____ No _____

4. Is the applicant currently the subject of a pending investigation by your Board? Yes _____
No _____

If yes, please explain on a separate sheet and attach.

5. According to your records, has the applicant ever been disciplined by your Board or other agency

in your state? Yes _____ No _____ if yes, please explain on a separate sheet and attach.

Authorizing Signature Date

State Seal

Title

State

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